

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90122 021 ***150.00

DOCUMENT # P01000082862

1. Entity Name
JAPAN IN METROWEST, INC.



Principal Place of Business
**2405 S HIAWASSEE ROAD
ORLANDO FL 32835**

Mailing Address
**2405 S HIAWASSEE ROAD
ORLANDO FL 32835**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3739149**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TANG, QINGJIU
1855 VISTA ROYALE BOULEVARD
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name **TANG, QINGJIU**

Street Address (P.O. Box Number is Not Acceptable)
2405 S. HIAWASSEE RD.

City **ORLANDO**

FL

Zip Code
32835

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **QINGJIU TANG**

2/18/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **TANG, QINGJIU**
STREET ADDRESS **1855 VISTA ROYALE BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **PD** ☒ Change ☐ Addition
NAME **TANG, QINGJIU**
STREET ADDRESS **8203 PALAZZO CT.**
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

QINGJIU TANG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03
Date

(407) 925-5745
Daytime Phone #

CR2E034 (10/02)